## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/17/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 02</b>			(X3) DATE SURVEY COMPLETED	
		155608	B. WING			R <b>04/12/2013</b>	
NAME OF PROVIDER OR SUPPLIER  WITTENBERG LUTHERAN VILLAGE					REET ADDRESS, CITY, STATE, ZIP CODE 1200 E LUTHER DR CROWN POINT, IN 46307	1 04/	12/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS	3	{K (	000	}		
	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 01/24/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).  Survey Date: 04/12/13  Facility Number: 000515 Provider Number: 155608 AIM Number: 100290820  Surveyor: Bridget Brown, Life Safety Code Specialist  At this PSR survey, Wittenberg Lutheran Village was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.  The original one story building with a partial basement identified as building 102 was determined to be to be of Type II (000) construction and was fully sprinklered. The Chapel/Fellowship Hall identified as building 202 was determined to be Type V (000) construction and occupies a 1990 wing addition to the facility. The facility is surveyed as two buildings due to different construction types.  The facility has a fire alarm system with hard wired smoke detection in the corridors and spaces open to the corridors. Resident rooms						
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					_		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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